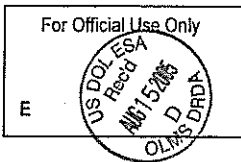


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8186</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>DIANE</u> <u>ZAHN</u> P.O. Box, Bldg., Room No., if any Street <u>6746 7th NW</u> City <u>Sea</u> State <u>WA</u> ZIP Code + 4 <u>98117</u>	4. Name, file number, and address of labor organization. Name <u>United Food + Commercial Workers local 1001</u> Labor Organization File Number <u>666-694</u> P.O. Box, Building and Room Number, if any Street <u>12338 SE 40th PL</u> City <u>Bellevue</u> State <u>WA</u> ZIP Code + 4 <u>980061283</u>
5. Position in labor organization. <u>Secretary Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8-12-05</u> <u>206 706 3817</u> Date Telephone Number

Name of Person Filing DIANE ZAHN	File Number U- 06/07/04
---	--------------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Retaw Drog H+W Trusr**
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any **34203**
 Street _____
 City **Seattle**
 State **WA** ZIP Code + 4 **98124**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Retaw Drog H+W Trusr**
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any **34203**
 Street _____
 City **Seattle**
 State **WA** ZIP Code + 4 **98124**

11.a. Nature of such dealing.

The trust fund is a multiemployer Taft Hartley employee benefit fund that provides fringe benefits coverage (and to employees of the union) the union is one of the sethns? the fund and makes contribution to the fund on behalf of its own employees.

11.b. Approximate dollar value of such dealing.

198,608.

12.a. Nature of interest held or income received.

food & beverage June trust mrg

12.b. Amount.

26.71

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Diane ZAHN</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Northwest Textile Processors and Service Trades Welfare Trust
Trade Name, if any:

P.O. Box, Bldg., Room No., if any 34203

Street

City Seattle

State WA ZIP Code + 4 98124

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The trust fund is a multiemployer Trust Hartley employee benefit fund that provides major benefits coverage. The union is one of the settlers of the fund.

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

Deposit for International Foundation annual mtg 2005

12.b. Amount.

1310

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

DIANE ZAUN

File Number U-

066964A

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Retain Drug Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

34203

Street

City

San

State

wa

ZIP Code + 4

11.a. Nature of such dealing.

The trust fund is a multiemployer Taft Hartley employee benefit fund that provides fringe benefit coverage to employees represented by the union (and to employees of the union). The union is one of the settlers of the fund and makes hourly contributions to the fund on behalf of its own employees.

11.b. Approximate dollar value of such dealing.

\$ 73,995.92

12.a. Nature of interest held or income received.

June Trust mtg 28.73
Intentional Foundation Corpn. No/04
airfare
hotel
food
registration

12.b. Amount.

1609

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

☐

or Consultant

☐

?

14.b. Amount of payment.